MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

12467

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town near Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Pocomoke City #2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Thomas F. Beckett

3. (b) Social Security Number None

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

B (b) Name of husband or wife Blanche Beckett

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18 - 1881

8. AGE: Years 58 Months 0 Days 10 If less than one day hrs. min.

9. Birthplace Pocomoke Worcester Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name John W. Beckett

13. Birthplace Maryland

MOTHER 14. Maiden name Harriett Evans

15. Birthplace Maryland

16. Informant Jenny Beckett

Address Pocomoke City

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6 1939 (month) (day) (year)

Cemetery or crematory Johnson Neck Cem.

Location Near Snow Hill

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 12/5 1939 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1939, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,

and that I last saw h alive on — 19 .

Immediate cause of death Paralysis

Cause unknown

DURATION 4 yrs.

Due to Primary Cause: Cerebral hemorrhage.

Duration: Three years. G.W.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Ex M. D. or other

Address Snow Hill Md Date signed 12/4/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

12468

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-a

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Worcester

City or town Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Henry Clay Burbage

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

8 (b) Name of husband or wife Minnie M. Burbage

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 - 1869

8. AGE: Years 70 Months 6 Days 8 If less than one day hrs. min.

8. Birthplace Powellville Wicomico MD

(Town, county, and state)

10. Usual occupation Merchant (Retired)

11. Industry or business

FATHER 12. Name John H. Burbage

13. Birthplace Maryland

MOTHER 14. Maiden name Martha Williams

15. Birthplace Maryland

16. Informant Mrs Marie Mumford

Address Georgetown Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 5-39 (month) (day) (year)

Cemetery or crematory M. E. Cem. Dec 5-39

Location Snow Hill

18. Funeral director Heaner & Dennis

Address Snow Hill MD

19. 12/5/ 1939 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1939, at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h alive on — 19 —.

Immediate cause of death Cerebral hemorrhage Cause unknown

DURATION Dec 2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex. M. D. or other

Address Snow Hill Md Date signed 12/4/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12469

(119)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Near Snow Hill Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 3 mo 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Rural Eden RR#1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Richard Carey

3. (b) Social Security Number —

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ~~Dec. 11~~ Aug. 31 1939

8. AGE: Years: 3 Months: 11 Days: If less than one day ____ hrs. ____ min.

9. Birthplace Near Salisbury (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name J. McFadden Carey

13. Birthplace Near Salisbury Md

MOTHER

14. Maiden name Ruth Davis

15. Birthplace Near Snow Hill Md

16. Informant J. McFadden Carey

Address Eden Md RR#1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 12-39 (month) (day) (year)

Cemetery or crematory Smullen Cem.

Location Salisbury-Snow Hill Road

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md

19. 12/12 1939 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1939, at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ____, to — 19 ____, and that I last saw h — alive on — 19 ____.

Immediate cause of death Heart trouble Variety unknown — DURATION unknown

Due to

Due to

Other conditions Ilex Colitis — 3 mos.

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE John L. Riley Dep'y Med Exam M. D. or other

Address Snow Hill Md Date signed 12/11/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (188)

12470

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester
City or town Near Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Berlin Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Horace J. Clark

3. (b) Social Security Number JC# 221-07-9763

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~ Doris Clark.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 8. 1908

8. AGE: Years 31 | Months 1 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Berlin. Worcester Co. Md.
(Town, county, and state)
10. Usual occupation Horse Groomsman
11. Industry or business Training horses

FATHER
12. Name Charlie Clark
13. Birthplace Berlin Md.

MOTHER
14. Maiden name Annie Layton
15. Birthplace Worc. Co. Md.

16. Informant Wm. Whaley
Address Berlin

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1939. (month) (day) (year)
Cemetery or crematory Evergreen Cemetery
Location Berlin, Md.

18. Funeral director M. Parker Watson
Address Selbyville, Del.

19. 12-28-1939 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939, at 8:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Heart rupture caused by kick of horse

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Dec 26 '39
Where did injury occur? Near Berlin (City or town) Worcester (County) Md (State)
Injured at home, farm, industry, public place (where?) Farm of S.D. Riddle
Means of injury Kick by horse Injured at work? yes

23. SIGNATURE John L. Riley Dep. Med Ex. M. D. or other
Address Snow Hill Md Date signed 12/26/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

12471

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Newark
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 mo 21 dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Newark Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Margaritt Lynn Dennis

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife: S
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): June 13 1939
8. AGE: Years ____ Months 5 Days 21 If less than one day ____ hrs. ____ min.
9. Birthplace (Town, county, and state): Newark Worcester Md
10. Usual occupation
11. Industry or business
FATHER 12. Name: Wesley Johnson
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Margaritt Dennis
MOTHER 15. Birthplace: Maryland
16. Informant: Stella Johnson
Address: Newark Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6-39 (month) (day) (year)
Cemetery or crematory: Mt Wesley
Location: near Snow Hill.
18. Funeral director: Hearne & Dennis
Address: Snow Hill Md
19. 12/5 19 39 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1939, at 11 05 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Congenital Debility — DURATION: 5 mos.
Duration: from birth.
Due to: not due to premature birth.
No further information. cpd.s.c.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John L. Riley. Dep. Med. Ex. M. D. or other
Address Snow Hill Md — Date signed 12/5/39

RECEIVED
JAN 4 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (110)

CERTIFICATE OF DEATH

12472

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Rural, near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): About 56yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Rural, near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 6 miles from Pocomoke City
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Purnell Dennis

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Cordellia Dennis
6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): March 12, 1863

8. AGE: Years	Months	Days	If less than one day
76	8	22	hrs. min.

9. Birthplace: Marion-Somerset-Maryland
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business
FATHER 12. Name: William Dennis
13. Birthplace: Somerset County, Maryland
MOTHER 14. Maiden name: Mariah Miles
15. Birthplace: Somerset County, Maryland
16. Informant: Mrs. Laura Jewett
Address: Crisfield, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-7-39 (month) (day) (year)
Cemetery or crematory: St. James Cemetery
Location: Near Pocomoke City, Md,
18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.
19. Dec 7th 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4 1939 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dec 2 1939 to Dec 4 1939, and that I last saw h— alive on Dec 4 1939.

Immediate cause of death	DURATION
Myocarditis	5 Days
Due to Pneumonia	10 Days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: [illegible] Date signed 12-7-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

12473

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Near Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 mo. 1 Dy

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Near Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 20

3. (a) FULL NAME Baby (Davis) Dickerson Twin 2

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	—

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 22 - 1939

8. AGE:

Years	Months	Days	If less than one day
	1	1	hrs. min.

9. Birthplace Salisbury Wicomico Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Judd Davis
13. Birthplace Maryland

MOTHER
14. Maiden name Norma Dickerson
15. Birthplace Maryland

16. Informant Norma O. Davis
Address Snow Hill Md

17. Buried Dec 24-39
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory M.E. Cemetery
Location Snow Hill

16. Funeral director Hearne & Davis
Address Snow Hill Md

19. 12/24 1939 LeRoy Smith, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

	DURATION
Immediate cause of death Congenital debility	1 mo
Due to Not due to premature birth	
Due to No further information Q.W.G.R.	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John L. Riley Dep Mus Ex
M. D. or other
Address Snow Hill Md Date signed 12/24/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12474

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Fountain

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

B (b) Name of husband or wife: —
8(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 1884

8. AGE:

Years	Months	Days	If less than one day
55	5		____ hrs. ____ min.

9. Birthplace: Baltimore, Md
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace:
MOTHER 14. Maiden name: Laura Riddin
15. Birthplace: Pocomoke City
16. Informant: Woodrow Tull
Address: Pocomoke City R.R. 2
17. Hollis Hill (Burial, cremation, or removal. Which?) Date thereof: Dec 15 '39 (month) (day) (year)
Cemetery or crematory: Hollis Hill
Location: Near Pocomoke City
18. Funeral director: John H. Brockley
Address: Pocomoke City Md
19. Dec. 15 1939 (Date rec'd by registrar) Arthur E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1939, at 6a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Heart Trouble — DURATION: 6 mos.
Varuly Unknown
Patient was dead when physician was
Due to called. Patient lived alone. CWSR
No further information.
Due to —
Other conditions: Probably Bright's disease
(Include pregnancy within 3 months of death)

Major findings:
Ot operations: —
Ot autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?): ____
Means of injury: ____ Injured at work?

23. SIGNATURE: John L. Riley Dep. Med. Ex. M. D. or other
Address: Brown Still Md Date signed: 12/14/39

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JAN 6 1940
BUREAU V. S.

10

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12475

92-a

1. PLACE OF DEATH

County Worcester Registration Dist. No. 351

Village or City Snow Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Franklin Harrington If U. S. Veteran, specify WAR NO

(a) Residence: No. Federal St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie V. Harrington

6. DATE OF BIRTH (month, day, and year): March 21, 1859

7. AGE: Years 80 | Months 8 | Days 12 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: R.R. Conductor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Railroading

10. Date deceased last worked at this occupation (month and year): Apr. 1, 1929

11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (city or town) (State or country): Harrington Delaware

FATHER

13. NAME: Nimrod Harrington

14. BIRTHPLACE (city or town) (State or country): Harrington Delaware

MOTHER

15. MAIDEN NAME: Elizabeth Harrington

16. BIRTHPLACE (city or town) (State or country): Harrington Delaware

17. INFORMANT (Address): Mrs. B. F. Harrington Snow Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Hollywood Harrington Del. Date: 12/6, 1939

19. UNDERTAKER (Address): William Berry Jr. Milford Del.

20. FILED: 12/3/1939 LeRoy Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1938, to December 3, 1939

I last saw him alive on December 3, 1939; death is said to have occurred on the date stated above, at 3.30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	unknown
Arterio-sclerosis	"

Other Contributory Causes of Importance:

Name of operation, Date of

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) N. Sherwood Ferris M. D.

(Address) Snow Hill, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12476

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Near Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 31 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Near Snow Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Anna Grace Jones

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Jones

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.): July 6 1908

8. AGE: Years 31 Months 5 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace: Powellville Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: Archie Jones

13. Birthplace: Powellville Md

MOTHER

14. Maiden name: Bessie Adkins

15. Birthplace: Parsonsburg Md

16. Informant: James Jones

Address: Snow Hill R R #2

17. Burial (Burial, cremation, or removal, which?) Date thereof Dec. 17-39 (month) (day) (year)

Cemetery or crematory: Mt Zion Cem.

Location: Near Powellville Md.

18. Funeral director: Holloway & Co Walter R. Holloway

Address: Salisbury, Md.

19. 12/16/39 (Date rec'd by registrar) LeRoy Smith, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1939, at between 1 & 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___, and that I last saw h — alive on — 19 ___.

Immediate cause of death: Poisoning by drinking sodium hydroxide

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of Dec 15

Where did injury occur? Near Snow Hill (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) Home - Farm

Means of injury Injured at work? no

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other

Address Snow Hill Md Date signed 12/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
JAN 4 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93C

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

12477

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke city Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 36 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Laurel St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William D. Keiss Sr

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Levare Keiss

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1878

8. AGE:

Years	Months	Days	If less than one day
61	3	18	hrs. min.

9. Birthplace Penn.

(Town, county, and state)

10. Usual occupation

11. Industry or business Lumber Dealer

FATHER 12. Name Daniel V. Keiss

13. Birthplace Penn

MOTHER 14. Maiden name Rebecca Worth

15. Birthplace Penn

16. Informant William D. Keiss Jr

Address Pocomoke city, Md

17. Burial Date thereof Dec. 27, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery - Presbyterian

Location Pocomoke city, Md

18. Funeral director Margarette H. Watson

Address Pocomoke city, Md

19. Dec. 26 1939 Asa E. White

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19 to Dec 24 1939

and that I last saw him alive on Dec 24 1939

Immediate cause of death	DURATION
Acute Dilatation of Heart	
Due to Chronic Myocarditis	1935
Due to Acute Colds	1 wk
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A A Parker M. D. or other

Address Pocomoke City Date signed 12/26/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 355

CERTIFICATE OF DEATH

12478

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Berlin
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Branch St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ———
(e) Length of stay in this community (yrs., mos., or days) 20 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State ——— (b) County ———
(c) City or town ———
(If outside city or town limits, write RURAL and give town)
(d) Street No. ———
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Ella King.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. ———

6 (b) Name of husband or wife ———

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) April 6, 1867

8. AGE: Years 72 | Months 8 | Days 6 | If less than one day ——— hr. ——— min.

9. Birthplace Wyattsville, Va
(Town, county, and atate)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John Conquest
13. Birthplace Va

MOTHER
14. Maiden Name ———
15. Birthplace Va.

16 (a) Informant Wor. Co. Welfare Board
(b) Address Snow Hill, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1939 (month) (day) (year)
(c) Cemetery or crematory Berlin, Md
Location Berlin, Md.

18 (a) Funeral director J. W. Burbage
(b) Address Berlin, Md.

19 (a) 12-14-39 (Date rec'd by registrar) (b) Helen E. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death December 12 1939, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1939, to Dec. 12 1939, and that I last saw him alive on Dec. 12 1939.

	Duration
Immediate cause of death Myocarditis	1 da
Due to Arteriosclerosis	1930
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy ———

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ———
(b) Date of occurrence ———
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ———
(e) Means of injury ———

23. Signature Frederick S. Purcell, M. D.
M. D. or other
Address Berlin, Md Date signed 12-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-f)

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

12479

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME William T. Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Daisy W. Lewis

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) October 16, 1871

8. AGE: Years	Months	Days	If less than one day
68	2	6	___ hrs. ___ min.

9. Birthplace Va (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Ray R. Lewis

13. Birthplace Va

MOTHER 14. Maiden name Sarah Scott

15. Birthplace Va

16. Informant Daisy W. Lewis

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24, 1939 (month) (day) (year)

Cemetery or crematory Liberty Cemetary

Location Parksley, Va

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. Dec 24 1939 (Date rec'd by registrar) Russ E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1939, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Dec 22 1939

and that I last saw h alive on Dec 21 at 1939.

Immediate cause of death	DURATION
Acute Dilatation of the Heart	
Due to	
Due to	
Other conditions Severe Cold	1 wk.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. A. Lankford M. D. or other

Address Pocomoke City Date signed 12-23-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23) 12480

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Route #3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Illegitimate, mother's name is Wise — **3. (b) Social Security Number**
Thelma Marshall

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	single

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1938

8. AGE:

Years	Months	Days	If less than one day
1	2	12	____ hrs. ____ min.

9. Birthplace Worcester Co. Maryland
(Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Edward Marshall
13. Birthplace unknown
MOTHER 14. Maiden name Edna Wise
15. Birthplace Accomac Co Virginia
16. Informant Edna Wise (mother)
Address Pocomoke R#2
17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec 13, 1939 (month) (day) (year)
Cemetery or crematory Hardtown
Location Pocomoke Md R.F.D.
18. Funeral director H.A. Shields
Address New Church, Va.
19. Dec 13 1939 (Date rec'd by registrar) Ann E. Thete Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1939 at 1.00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/11/39 to 12/11/39
and that I last saw him alive on 12/11/39

Immediate cause of death	DURATION
Disseminated Tuberculosis	6 wks
Due to	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy TB of lungs, spleen, pancreas, kidneys

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

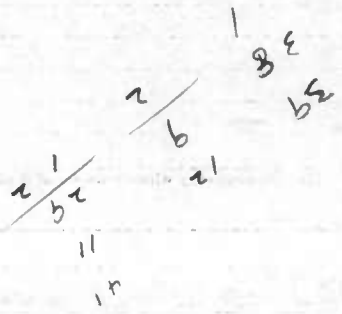
23. SIGNATURE Paul Green, M.D.
M. D. or other
Address Salisbury Date signed 12/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1910
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

CERTIFICATE OF DEATH

12481

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Leon D. Pierson

3. (b) Social Security Number 213-00-2083

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lucile R. Pierson

Salisbury, Md 6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) June 6 - 1898

8. AGE: Years 41 Months 6 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace Meadville Pa. (Town, county, and state)

10. Usual occupation President of Eastern Shore Gas Co.

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mr. W. H. Wulf

Address Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 22-39 (month) (day) (year)

Cemetery or crematory Meadville

Location Meadville Pa.

18. Funeral director Hill & Johnson

Address Salisbury, Md.

19. 12/19 1939 L. E. Roy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1939, at 1a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ____, to — 19 ____, and that I last saw h — alive on — 19 ____.

Immediate cause of death Carbon monoxid poisoning Suicide

DURATION —

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Dec 19 39

Where did injury occur? Snow Hill (City or town) Worcester (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex M. D. or other

Address Snow Hill Md Date signed 12/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12482

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke, Md., R. F. D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Unionville

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke, Md., R. F. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Unionville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Schoolfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 5, 1939

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace: Unionville - near Pocomoke, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Unknown

13. Birthplace: Unknown

MOTHER 14. Maiden name: Nellie Marie Schoolfield

15. Birthplace: Unionville, Pocomoke, R.F.D.

16. Informant: Nellie Marie Schoolfield

Address: Unionville, Pocomoke, R.F.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec. 6, 1939 (month) (day) (year)

Cemetery or crematory: Unionville Cemetery

Location: Pocomoke, Md., R. F. D.

18. Funeral director: Family

Address: Unionville, Pocomoke, Md., R.F.D.

19. Dec. 6, 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH (Stillborn) Dec. 5th 1939, at 8:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,

and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Don't know	
Due to Possibly injury of mother	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. E. Solomons M.D.
M. D. or other

Address: Pocomoke City, Md. Date signed 12/6/39

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12483

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Worcester — Registration Dist. No. 35/

Village or City near Snow Hill — No. ____ St., ____ Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Langth of rasidence in city or town whare daath occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Bessenios — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	S

5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of — 0 Baby —

6. DATE OF BIRTH (month, day, and yaar) Dec 18 - 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	0	0	1	8 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. — 0

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. — 0

10. Date deceased last worked at this occupation (month and yaar) — 0

11. Total time (years) spant in this occupation — 0

12. BIRTHPLACE (city or town) Snow Hill (State or country)

FATHER

13. NAME Ruben Bessenios

14. BIRTHPLACE (city or town) North Carolina (State or country)

MOTHER

15. MAIDEN NAME Victoria Jones

16. BIRTHPLACE (city or town) Stockton Md (Stata or country)

17. INFORMANT Victoria Jones (Address) Snow Hill Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Stockton Cemetery Data Dec 18, 1939

19. UNDERTAKER Ruben Bessenios (Addrass) Snow Hill Md.

20. FILED 12/18/39 LeRoy Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 18. (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended dacaased from ____, 19____, to ____, 19____

I last saw h____ aliva on ____, 19____; death is said to have occurred on the date stated above, at 4:30 A. m.

The **PRINCIPAL CAUSE OF DEATH** and ralatad causas of importanca were as follows:

	Date of onset
Still born, Dr says midwife Olaf W. Waters.	

Othar **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Mannar of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) LeRoy Smith L. Reg. #35, M. D.

(Address) Snow Hill, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

12484

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH

County Worcester

City or town Snow Hill WITHIN CORPORATE LIMITS OF

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Elijah Calvin Shockley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary E. Shockley

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21 - 1857

8. AGE: Years	Months	Days	If less than one day
82	0	13	hrs. min.

9. Birthplace Salisbury Wicomico Md

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name James L. Shockley

13. Birthplace Maryland

MOTHER 14. Maiden name Hattie Jane Perdue

15. Birthplace Maryland

16. Informant Mr. Walter Shockley

Address Snow Hill Md

17. Burial Date thereof Dec. 6-39

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory M. P. Cemetery

Location Snow Hill Md

18. Funeral director Hearne + Dennis

Address Snow Hill Md

19. 12/5/39 19 39 R. E. Coy Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1939 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1939 to Dec 7 1939 and that I last saw him alive on Dec 3. 1939

	DURATION
Immediate cause of death	
Heart Block	3 wks
Due to Arteriosclerosis	
Due to	
Other conditions Hypertrophy of Prostate	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. L. Waesche MD M. D. or other

Address Snow Hill Md Date signed 12/5/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 355

CERTIFICATE OF DEATH

12485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Showell
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 1 yr

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Showell
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Etha L. Taylor

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 29, 1915

8. AGE: Years 24 | Months 5 | Days 1 | If less than one day — hr. — min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John W. Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Bunting
15. Birthplace Md.

16 (a) Informant Mrs John W. Taylor
(b) Address Showell Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Newark Md.
Location Newark Md.

18 (a) Funeral director J. W. Buckingham
(b) Address Berlin Md.

19 (a) 1-1-40 (Date rec'd by registrar) (b) Helen F. Hayward (Registrar)

MEDICAL CERTIFICATION

20. Date of death Dec 30 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from —, 19—, to —, 19—, and that I last saw him alive on —, 19—.

Immediate cause of death	Duration
Chr. Nephritis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. R. Lane MD (M. D. or other)
Address Berlin Md Date signed 1-1-40

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Write about illeg. parents names

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157-d

12486

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester
City or town near Ocean City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town near Ocean City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucile Marie Lowder

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1939

8. AGE: Years	Months	Days	If less than one day
	2	9	hrs. min.

9. Birthplace near Ocean City (Wor) (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name Granville Lowder No name
13. Birthplace Deals Is. Md

MOTHER
14. Maiden name Lucy Elliot Ruth Taylor
15. Birthplace Dames Quarter Md

16. Informant Mrs Granville Lowder
Address Ocean City

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-26-39 (month) (day) (year)
Cemetery or crematory Berlin Md.
Location Potters Burying ground in Trap
16. Funeral director J. W. Burbage
Address

19. 12/28 1939 (Date rec'd by regiatrar) I S Mumford Regiatrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939, at 8 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Congenital Debility	2 mos
Due to a Cadly-cleft palate. cause OR	
Duration: Congenital; for life	
Due to	
Other conditions Regurgitation of food through nose.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex M. D. or other
Address Snow Hill Md Date signed 12/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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